

UNOFFICIAL COPY

99204059

9/74/0098 53 001 Page 1 of 2  
1999-03-03 14:30:38  
Cook County Recorder 23.50

Form LP 905  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!



C007182 5051L 12/30/98  
25.00 FA 0000029811 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE APPLICATION FOR ADMISSION  
(foreign limited partnership)

1. Limited partnership's name: COHEN FAMILY PARTNERSHIP
2. File number assigned by the Secretary of State: C007182
3. Federal Employer Identification Number (F.E.I.N.): 36-3802277
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:  
\_\_\_\_\_
5. The application for admission to transact business is amended as follows:  
(Check **all** applicable changes)  
(Address changes - P.O. Box alone and c/o are unacceptable)
  - a) Admission of a new general partner (give name and business address below).
  - b) Withdrawal of a general partner (give name below).
  - c) Change of registered agent and/or registered agent's office (give new name and address, **including county**, below).
  - d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, **including county**, below).
  - e) Change in the general partner's name and/or business address (give name and new address below).
  - f) Change in limited partnership's name (give new name below).
  - g) Change in date of dissolution (give new date below).
  - h) Other (give information below).



RETURN TO: FREEMAN, MERMAILL & TUBMAN  
2 N. LASALLE ST. #800  
CHICAGO, IL. 60602  
ATTN: HORTENCIA MORENO

Following change of address

Form LP 905 applies to items C, D, and E:

2 N. LaSalle Street  
Suite 800  
Chicago, IL. 60602  
Cook County

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

**6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)**

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

**SIGNATURE AND NAME**

**BUSINESS ADDRESS**

Signature 

Street 2 N. LaSalle Street, Suite 800

Type or print name and title \_\_\_\_\_

City/town Chicago

Bruce R. Cohen, President

Name of General Partner if a corporation or

other entity GREENVIEW CORPORATION

State IL Zip Code 60602

Signature \_\_\_\_\_

Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

**FORMS OF PAYMENT:**

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

**RETURN TO:**

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

**DO NOT SEND CASH!**

6504059